

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS State Department of Health		CONTACT PERSON Paul E. Byers, MD	TELEPHONE NUMBER 6015767725	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL paul.byers@msdh.state.ms.us	SUBMIT DATE 10/18/2010	Name or number of rule(s): Rules and Regulations Governing Reportable Disease and Conditions		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: \_\_\_\_\_

Changes to the Sub-Part 118, Section 118.01 Paragraph 10 adding verbage to reflect refernecing Pargraph 11.

Add Paragraph 11 to Section 118.01 to include a fee schedule for the dissemination of Health Care Data collected by the MSDH and in accordance with the Data Use Council's Principles and Protocol for the Release of Health Care Data.

Specific legal authority authorizing the promulgation of rule: Miss. Code of 1972 Ann. 41-63-4 (13)

List all rules repealed, amended, or suspended by the proposed rule: Rules and Regulations Governing Reportable Disease and Conditions--Sub-Part 118

**ORAL PROCEEDING:**

☒ An oral proceeding is scheduled for this rule on Date: 10/4/2010 Time: 4:00 p.m. Place: MSDH

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


**ECONOMIC IMPACT STATEMENT:**

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed: <u>9/10/2010</u></b> <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Paul Byers, MD

Signature of person authorized to file rules: Paul Byers MD

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>CB 17353V</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.